



CITY OF MURFREESBORO
COMMUNITY DEVELOPMENT DEPARTMENT
HOUSING REHABILITATION PROGRAM

Housing Rehabilitation Family Survey

Date _____

A. You and your household

Applicant's name _____ Date of Birth _____

Address _____ Phone _____

Your marital status: Single __ Married __ Divorced __ Widow/Widower __

Name of Co-Applicant _____ Date of Birth _____

Counting yourself:

1. How many people reside in your household? _____
2. How many are at least 62 years old? _____
3. How many are handicapped or disabled? _____
4. How many are 18-years-old or younger? _____

What is the combined income of all members of your household? _____

What are the sources of your income? _____

B. Your House

1. Is your house within the city limits of Murfreesboro? _____
2. Do you rent or own your house? _____
3. When did you move into your house? _____
4. What is your monthly mortgage payment? _____
5. Are your payments up to date? _____

If you qualify for the housing rehabilitation program, what do you think should be repaired or replaced in your house?

